

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90089 010 ***150.00

DOCUMENT # 838693

1. Entity Name

FORESTVIEW MORTGAGE INSURANCE CO.

Principal Place of Business

Mailing Address

601 MONTGOMERY ST
P.O. BOX 3836
SAN FRANCISCO CA 94111-2603

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P.O. BOX 3836
SAN FRANCISCO CA 94111-2603

2. Principal Place of Business

2468 Prospect Park Drive

3. Mailing Address

3075 Sanders Rd

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

Suite H1A

City & State

Rancho Cordova, CA

City & State

Northbrook, IL

Zip

95670

Country

US

Zip

60062-7127

Country

US

4. FEI Number

94-2199056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	KALAJDIAN, EMMA M	
STREET ADDRESS	2775 SANDERS ROAD, A8	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	PILCH, SAMUEL H	
STREET ADDRESS	3075 SANDERS ROAD, H1A	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WILSON, THOMAS J	
STREET ADDRESS	2775 SANDERS ROAD, F8	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	TV	<input type="checkbox"/> Delete
NAME	ZILS, JAMES P	
STREET ADDRESS	2775 SANDERS ROAD, B3	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FEIGHTNER, PAUL M	
STREET ADDRESS	3075 SANDERS ROAD, H1A	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARDNER, KAREN C	
STREET ADDRESS	2775 SANDERS ROAD G2B	
CITY-ST-ZIP	NORTHBROOK IL 60062	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylla, Casey J.	
STREET ADDRESS	2775 Sanders Rd	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lynn Cirincione** Lynn Cirincione

Authorized Representative

Date 1/29/00

Daytime Phone # 847-462-3029